Sam Bank

PTO/SB/05 (03-01)

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## UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No. First Inventor

| Conty for new monprovision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nal applications under 37 CFR 1.53(b))                                      | Express Mail Label No.   E C / 3 BU / 4 BU                                                       | <u> </u>                                         |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------|--|--|--|--|--|
| APPLICA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TION ELEMENTS                                                               | ADDRESS TO: Assistant Commissioner for Pate Box Patent Application                               | nts                                              |  |  |  |  |  |
| See MPEP chapter 600 cond                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | eming utility patent application contents.                                  | Washington, DC 20231                                                                             |                                                  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | orm (e.g., PTO/SB/17) duplicate for fee processing)                         | 7. CD-ROM or CD-R in duplicate, large table or                                                   |                                                  |  |  |  |  |  |
| 2. Applicant claims small entity status. See 37 CFR 1.27.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             | 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)               |                                                  |  |  |  |  |  |
| 3. Specification (preferred arrangement)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | [Total Pages 45]                                                            | a. Computer Readable Form (CRF)                                                                  |                                                  |  |  |  |  |  |
| - Descriptive title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             | b. Specification Sequence Listing on:                                                            | b. Specification Sequence Listing on:            |  |  |  |  |  |
| - Statement Rega                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | e to Related Applications<br>arding Fed sponsored R & D                     | i. CD-ROM or CD-R (2 copies); or                                                                 | i. CD-ROM or CD-R (2 copies); or                 |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | quence listing, a table,<br>rogram listing appendix                         | ii. paper                                                                                        |                                                  |  |  |  |  |  |
| - Background of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             | c. Statements verifying identity of above copies                                                 | c. Statements verifying identity of above copies |  |  |  |  |  |
| - Brief Summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             | ACCOMPANYING APPLICATION PARTS                                                                   | 3                                                |  |  |  |  |  |
| <ul> <li>Detailed Descri</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | n of the Drawings ( <i>if filed</i> )<br>ption                              | Assignment Papers (cover sheet & document(s)                                                     |                                                  |  |  |  |  |  |
| - Claim(s) - Abstract of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Diadocuro                                                                   | 10. 37 CFR 3.73(b) Statement Power of                                                            |                                                  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             | (when there is an assignee) Attorney                                                             |                                                  |  |  |  |  |  |
| 4. X Drawing(s) (35 U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                             | 11. English Translation Document (if applicable)  12. Information Disclosure Copies of Citations | IDS                                              |  |  |  |  |  |
| Statement (IDS)/PTO-1449                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |                                                                                                  |                                                  |  |  |  |  |  |
| Copy from a prior application (37 CFR 1.63 (d))  Return Receipt Postcard (MPEP 503)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             |                                                                                                  |                                                  |  |  |  |  |  |
| i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s)  15. Certified Copy of Priority Document(s) (if foreign priority is claimed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             |                                                                                                  |                                                  |  |  |  |  |  |
| Signed sta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | tement attached deleting inventor(s)                                        |                                                                                                  |                                                  |  |  |  |  |  |
| named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).  16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                                                                                  |                                                  |  |  |  |  |  |
| 6. Application Data Sheet. See 37 CFR 1.76 or its equivalent.  17. Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |                                                                                                  |                                                  |  |  |  |  |  |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                             |                                                                                                  |                                                  |  |  |  |  |  |
| Continuation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Divisional Continuation-in-part (CIP)                                       | of management No.                                                                                |                                                  |  |  |  |  |  |
| Prior application information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             | of prior application No.:                                                                        | -                                                |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ExaminerONAL APPS only: The entire disclosure of i                          | Group Art Unit:                                                                                  | -<br>Inder                                       |  |  |  |  |  |
| Box 5b, is considered a part of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | the disclosure of the accompanying contin                                   | ration or divisional application and is hereby incorporated by refer                             | ence.                                            |  |  |  |  |  |
| ine incorporation can only be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             | tently omitted from the submitted application parts.                                             |                                                  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 19. CORRESPOND                                                              | ENCE ADDRESS                                                                                     |                                                  |  |  |  |  |  |
| Customer Number or Bar Code Label (suggest Such Market |                                                                             |                                                                                                  |                                                  |  |  |  |  |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 27901                                                                       |                                                                                                  |                                                  |  |  |  |  |  |
| . 1 (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PATENT TRADEMARK OFFICE                                                     |                                                                                                  |                                                  |  |  |  |  |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                                                                                                  |                                                  |  |  |  |  |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             | State Zip Code                                                                                   |                                                  |  |  |  |  |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Te                                                                          | ephone Fax                                                                                       |                                                  |  |  |  |  |  |
| Name (Print/Type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Name (Printl Type) Andrew Alexander Registration No. (Attorney/Agent) 27690 |                                                                                                  |                                                  |  |  |  |  |  |
| Signature ander Alexandy Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             |                                                                                                  | $\Box$                                           |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>                                                                 | Date 2-5-02                                                                                      |                                                  |  |  |  |  |  |

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| FEE TRANS                             | SMITTAL         | Complete if Known    |       |  |  |  |
|---------------------------------------|-----------------|----------------------|-------|--|--|--|
| FEE IRAN                              | DIVILLI I AL    | Application Number   |       |  |  |  |
| for FY                                | 2002            | Filing Date          |       |  |  |  |
| Patent fees are subject to            |                 | First Named Inventor | Li    |  |  |  |
| Applicant claims small entity status. | See 37 CFR 1.27 | Examiner Name        | 1     |  |  |  |
|                                       |                 | Group Art Unit       |       |  |  |  |
| TOTAL AMOUNT OF PAYMENT               | (\$) 2.186      | Attorney Docket No.  | 01-24 |  |  |  |

| METHOD OF PAYMENT (check all that apply)                                                                                        | FEE CALCULATION (continued) |               |                    |                                                               |          |  |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------|--------------------|---------------------------------------------------------------|----------|--|
| Check Credit card Money Other None                                                                                              | 3. ADDITIONAL FEES          |               |                    |                                                               |          |  |
| Deposit Account:                                                                                                                | Large Entity Small Entity   |               |                    |                                                               |          |  |
| Deposit                                                                                                                         |                             |               | Fee Fe             |                                                               | Fee Paid |  |
| Account Sumber 500263                                                                                                           | Code (1<br>105 13           | ``'           | Code (\$<br>205 65 | •                                                             |          |  |
| Deposit<br>Account Andrew Alexander                                                                                             |                             | - 1           |                    |                                                               |          |  |
| Name                                                                                                                            | 127 5                       | 50            | 227 25             | Surcharge - late provisional filing fee or cover sheet        |          |  |
| The Commissioner is authorized to: (check all that apply)                                                                       | 139 13                      | 30            | 139 130            | Non-English specification                                     |          |  |
| Charge fee(s) indicated below Credit any overpayments  Charge any additional fee(s) during the pendency of this application     | 147 2,52                    | 520           | 147 2,52           | O For filing a request for ex parte reexamination             |          |  |
| Charge any additional ree(s) during the pendency of this application  Charge fee(s) indicated below, except for the filling fee | 112 92                      | 20* 1         | 112 920            | * Requesting publication of SIR prior to                      |          |  |
| to the above identified deposit account.                                                                                        | 442.48                      |               | -10 4 0//          | Examiner action                                               |          |  |
| * FEE CALCULATION                                                                                                               | 110 1,0-                    | 140           | 113 1,840          | 0* Requesting publication of SIR after<br>Examiner action     |          |  |
| 1. BASIC FILING FEE                                                                                                             | 115 11                      | 10 2          | 215 55             | Extension for reply within first month                        |          |  |
| Large Entity   Small Entity                                                                                                     | 116 40                      |               | 216 200            | Extension for reply within second month                       |          |  |
| Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid                                                                        | 117 92                      | 20 2          | 217 460            | Extension for reply within third month                        |          |  |
| 101 740 201 370 Utility filing fee 740                                                                                          | 118 1,44                    | 140           | 218 720            | Extension for reply within fourth month                       |          |  |
| 106 330 206 165 Design filing fee                                                                                               | 128 1,96                    | 60 :          | 228 980            | Extension for reply within fifth month                        |          |  |
| 107 510 207 255 Plant filing fee                                                                                                | 119 32                      | 20 2          | 219 160            | Notice of Appeal                                              |          |  |
| 108 740 208 370 Reissue filing fee                                                                                              | 120 32                      | 20 :          | 220 160            | Filing a brief in support of an appeal                        |          |  |
| 114 160 214 80 Provisional filing fee                                                                                           | 121 28                      | BO 2          | 221 140            | Request for oral hearing                                      |          |  |
| SUBTOTAL (1) (\$) 740                                                                                                           | 138 1,51                    | 510  ·        | 138 1,510          | Petition to institute a public use proceeding                 |          |  |
|                                                                                                                                 | 140 11                      | 10            | 240 55             | 6 Petition to revive - unavoidable                            |          |  |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE                                                                                     | 141 1,28                    | 80 :          | 241 640            | Petition to revive - unintentional                            |          |  |
| Extra Claims below Fee Paid                                                                                                     | 142 1,28                    | - 1           | 242 640            | Utility issue fee (or reissue)                                |          |  |
| Total Claims                                                                                                                    | 143 46                      | 1             | 243 230            | Design issue fee                                              |          |  |
| Claims                                                                                                                          | 144 62                      | - 1           | 244 310            | Plant issue fee                                               |          |  |
| Multiple Dependent                                                                                                              | 122 13                      | 30            | 122 130            | Petitions to the Commissioner                                 |          |  |
| Lanna Entitud Course Pouts.                                                                                                     |                             | 50            | 123 50             | Processing fee under 37 CFR 1.17(q)                           |          |  |
| Large Entity   Small Entity   Fee Fee Fee Fee Fee Description                                                                   | 126 18                      | BO 1          | 126 180            | Submission of Information Disclosure Stmt                     |          |  |
| Code (\$) Code (\$)                                                                                                             | 581 4                       | 40            | 581 40             |                                                               |          |  |
| 103 18 203 9 Claims in excess of 20                                                                                             |                             | .             | 070                | property (times number of properties)                         |          |  |
| 102 84 202 42 Independent claims in excess of 3 104 280 204 140 Multiple dependent claim, if not naid                           | 146 74                      | <sup>‡0</sup> | 246 370            | Filing a submission after final rejection (37 CFR § 1.129(a)) |          |  |
| indisple depondent claim, a net paid                                                                                            | 149 74                      | 40 2          | 249 370            | For each additional invention to be                           |          |  |
| 109 84 209 42 ** Reissue independent claims over original patent                                                                |                             |               |                    | examined (37 CFR § 1.129(b))                                  |          |  |
| 110 18 210 9 ** Reissue claims in excess of 20                                                                                  | 179 74                      | 40 2          | 279 370            | Request for Continued Examination (RCE)                       |          |  |
| and over original patent                                                                                                        | 169 90                      | 00 1          | 169 900            |                                                               |          |  |
| SUBTOTAL (2) (\$) 1446                                                                                                          | Other fee                   | e (spe        | ecify)             | of a design application                                       |          |  |
|                                                                                                                                 |                             |               |                    | ing Fee Paid SUBTOTAL (3)                                     |          |  |

| SUBMITTED BY     | Complete (if applicable) |                                     |       |           |                 |
|------------------|--------------------------|-------------------------------------|-------|-----------|-----------------|
| Name (Pnnt/Type) | Andrew Alexander         | Registration No.<br>(Attomey(Agent) | 27690 | Telephone | (724) 337-156le |
| Signature        | and alexander            |                                     |       | Date      | 2-5-02          |

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